

LD 1792

This resolve establishes the Rural Health Services Task Force to study rural health care delivery in the State.

LD 1793

This resolve requires the Department of Health and Human Services to enter into a contract with Civica Rx in order to purchase discounted insulin pens and to obtain preferential access to insulin manufactured at Civica Rx's facility.

LD 1795

This bill prohibits certain health care providers from charging, billing or collecting a facility fee in certain situations and requires annual reporting on the amount of facility fees charged or billed.

LD 1615

This bill repeals the limitation that no more than 12 different nonprescription drugs may be dispensed by any single vending

machine.

LD 1639

This bill establishes the Maine Quality Care Act in order to ensure adequate direct-care registered nurse staffing assignments in health care facilities, including hospitals, freestanding emergency departments and ambulatory surgical facilities, to provide safe and effective patient care. It establishes minimum direct-care registered nurse staffing requirements based on patient care unit and patient needs, specifies the method to calculate a health care facility's compliance with the staffing requirements, protects direct-care registered nurses from retaliation and includes notice, record-keeping and enforcement requirements.

LD 1816

This bill requires that a state entity, health plan or participating plan qualified under the federal Employee Retirement Income Security Act of 1974 may not purchase prescription drugs to be dispensed or delivered to a consumer of this State at a cost that exceeds the maximum fair price. The maximum fair price of a prescription drug is the maximum rate for a drug determined by the Secretary of the United States Department of Health and Human Services under the federal Medicare program. Any savings generated as a result must be used

to reduce costs to consumers.

LD 1829

This bill requires that a state entity, health plan or participating plan qualified under the federal Employee Retirement Income Security Act of 1974 may not purchase prescription drugs to be dispensed or delivered to a consumer of this State at a cost that exceeds the maximum fair price. The maximum fair price of a prescription drug is the maximum rate for a drug determined by the Secretary of the United States Department of Health and Human Services under the federal Medicare program. Any savings generated as a result must be used to reduce costs to consumers.

LD 1856

This resolve directs the Office of Affordable Health Care to study, in consultation with the Department of Health and Human Services, the options for establishing a MaineCare public health plan. It directs the Office of Affordable Health Care to submit a report to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than January 31, 2024 with its recommendations, including any suggested legislation. The committee may report out legislation related to the report.

LD 1955

This bill does the following. 1. It directs the Department of Health and Human Services to adopt rules, consistent with the federal Hill-Burton Act, for the provision of free health care services to patient who are state residents and meet certain income requirements. 2. It requires hospitals and hospital-affiliated providers to adopt a modified adjusted gross income methodology in determining a patient's eligibility for financial assistance. 3. It requires that hospitals and hospital-affiliated providers use a single streamlined application for all financial assistance programs and provides for other resources relating to applications and for the determination of a patient's financial assistance. 4. It requires that hospitals and hospital-affiliated providers widely publicize their financial assistance programs within the community served by the hospital or hospital-affiliated provider, including by publishing a summary of the programs written in plain language; by providing physical copies of the summary, application and application instructions in conspicuous locations within the hospital or hospital-affiliated provider; and by posting a full, accessible and downloadable version of the application on the hospital's or hospital-affiliated provider's publicly accessible website. 5. It requires that hospitals and hospital-affiliated providers inform patients eligible or financial assistance if any service, treatment, procedure or test is not covered by the hospital's or hospital-affiliated provider's financial assistance program. 6. It provides that a hospital and a hospital-affiliated provider must offer patients payment plan options with terms of at least 2 years, with monthly payments not to exceed 3% of the patient's monthly gross income. 7. It

prohibits certain collections actions by hospitals and hospital-affiliated providers for at least 240 days beginning on the date the hospital or hospital-affiliated provider provides a billing statement to the patient who has received medical care and left the hospital or hospital-affiliated provider. Prohibited collections actions include the sale of a patient's medical debt to a collection agency, legal action against a patient with the intent of collecting a debt for services rendered or withholding medically necessary care to a patient prior to the collection of debt. 8. It prohibits other billing or collections actions by a hospital or a hospital-affiliated provider until the hospital or hospital-affiliated provider fully determines a patient's eligibility for charity care, including by resolving an appeal filed by the patient. 9. It provides that the Department of Health and Human Services enforce the provisions of this law and establishes a civil penalty for hospitals or hospital-affiliated providers that knowingly or willfully violate these provisions or engage in a pattern of noncompliance. 10. It requires hospitals to comply with the price transparency requirements established in 45 Code of Federal Regulations, Part 180. A hospital is prohibited from initiating or pursuing a collections action against a patient for services provided on a date on which the hospital was not in compliance with the price transparency requirements.

LD 940

This bill authorizes a pharmacist licensed in this State or licensed in another state to provide telehealth services for patients of a federally qualified health center in this State,

including delivering those services through a pharmaceutical vending machine located at the health center.